



**Department Of Motor Vehicle Safety**  
**Regulatory Compliance Section**  
**2206 East View Parkway, P.O. Box 80447**  
**Conyers, Georgia 30013**  
**678-413-8575**  
[www.dmv.ga.gov](http://www.dmv.ga.gov)

These are instructions for applying for an interim Certificate or to amend an existing Certificate. The interim Certificate will be granted (if application is in order and no protests are received) on a twelve (12) month basis and a permanent Certificate will be issued at the end of twelve (12) months based on actual performance.

1. Applicant for new certificate or amendment to existing certificate must be accompanied by **CASHIER'S CHECK, CERTIFIED CHECK, MONEY ORDER**, payable to Department of Motor Vehicle Safety (DMVS) in the applicable amount as shown below:  
 Application fees are determined by the number of vehicles owned or permanently leased at the time application is made:
  - (a) Less than six (6) vehicles - \$ 75.00 plus \$15.00 advertisement fee.
  - (b) Six (6) to Fifteen (15) vehicles - \$150.00 plus \$15.00 advertisement fee.
  - (c) Over Fifteen (15) vehicles - \$200.00 plus \$15.00 advertisement fee.
2. A signed and notarized application. All sections of the application must be completed or it will be returned to you.
3. Notarized affidavit in support of your application completed by an officer of the company. If application is protested, you will need to bring witnesses to the hearing to testify in support of the authority you are seeking.
4. File a Tariff showing all proposed rates and charges. A sample Tariff is available at [www.dmv.ga.gov](http://www.dmv.ga.gov) or you may request one by calling (678) 413-8575. Companies operating Sport Utility Type Vehicles (SUV) are subject to the SUV Maximum Rate Tariff.
5. If a corporation, attach a copy of the Articles of Incorporation and copy of verification certificate from Secretary of State's office.
6. Have your insurance company send (either by mail or fax) a Form "E" liability filing. In order to expedite your application, the insurance filing needs to be submitted as soon as possible.
7. Complete the attached Safety Awareness form.
8. Attach copy of annual inspection form for each vehicle to be operated under certificate.
9. *Submit all original documents and fees to: DMVS, Regulatory Compliance, 2206 East View Parkway, P.O. Box 80447, Conyers, Georgia 30014*
10. **If you are operating wholly within the state of Georgia (not crossing state lines)** with vehicles in excess of 10,000 GVWR **you must complete** the Application for Motor Carrier Identification Number for a U.S. Dot Number. (404) 675-6171
11. In addition you will need to purchase an identification stamp for each vehicle from: DMVS, 1200 Tradeport Blvd., Hapeville, Georgia 30354 / 404-362-6484.
12. Carriers operating in a charter service are required to file a Motor Carrier of Passenger permit application. Application is available at [www.dmv.ga.gov](http://www.dmv.ga.gov).

No application will be assigned for hearing or given consideration by the DMVS unless accompanied by said fees and until application has complied with these requirements. Upon receipt of the application and fees the matter will be assigned for public hearing. If the DMVS receives no protests to the application you will not need to appear in person and the matter will be handled on the record. If you need to appear, the DMVS staff will notify you.

If you require more information or need assistance in the completion of these forms, please contact DMVS, Regulatory Compliance Section at (678)-413-8575.



**APPLICATION TO  
DEPARTMENT OF MOTOR VEHICLE SAFETY  
FOR  
CERTIFICATE  
TO OPERATE AS A MOTOR CARRIER**

**In the  
  
TRANSPORTATION OF PASSENGERS  
AS HEREINAFTER SET FORTH, IN INTRASTATE COMMERCE.  
(Application should be typed or printed legibly)**

**Check One:**

☐ Application for New Certificate

☐ Amendment of Certificate No. \_\_\_\_\_.

**The application of:**

\_\_\_\_\_  
Applicant (Legal Name)

\_\_\_\_\_  
Trade Name (doing business as), if any

\_\_\_\_\_  
Business Address (Actual Street Address)                      (City)                      (State)                      (Zip)

\_\_\_\_\_  
(Business Telephone #)                      (Cell #)                      (E-mail address)

\_\_\_\_\_  
Mailing Address, if different than above                      (City)                      (State)                      (Zip)

Application is hereby made on the basis of statements hereinafter set forth for a Certificate to operate as motor carrier for hire transporting **passengers** intrastate in Georgia.

Applicant's representative to whom inquiries may be made (if you are representing yourself, place your name and address here if different from above.)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)                      (City)                      (State)                      (Zip)

\_\_\_\_\_  
(Business Telephone #)                      (Cell #)                      (E-mail address)

**SECTION ONE**  
**ORGANIZATION**

State whether application is an individual, partnership, corporation, company, or association:  
\_\_\_\_\_. Actual State of Incorporation: \_\_\_\_\_.

If a corporation, attach a copy of articles of incorporation and copy of certification from Secretary of State or other agency in state where incorporated which shows approval of corporate name marked Exhibit "A", also attach a list of all directors and stockholders marked Exhibit "B", and give names and address of the following officers:

President	Name_____	Address_____
V. President	Name_____	Address_____
Treasurer	Name_____	Address_____
Secretary	Name_____	Address_____

If applicant is a partnership, or association, gives names and addresses of partners, or officers. Designate a partner or an officer who will serve as the main contact person for all matters related to transportation of passengers.

\_\_\_\_\_

If applicant is a non-resident of Georgia, give name and address of an agent or Attorney in Fact in this State upon whom process may be served in any suit instituted against applicant:

Name of agent or Attorney in Fact: \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Does applicant understand that he will be required to maintain liability insurance in the amounts prescribed by the DMVS?\_\_\_\_\_

Give number of vehicles owned or permanently leased based in Georgia or elsewhere by applicant on date of this application: \_\_\_\_\_

Give address in Georgia where copies of invoices, business records, etc. will be maintained:

\_\_\_\_\_  
(Street Address) (City) (Zip)

Is the above address a place of business or residence?

\_\_\_\_\_

**SECTION TWO**  
**SERVICE PROPOSED**

Does applicant propose to render regular and to continuous service and undertake to carry and hold himself out as ready and willing to transport all persons, indiscriminately, so long as he/she has room? ( ) yes ( ) no

Describe the type of passenger operation proposed. (Ex: Limousine, Bus, Etc.) \_\_\_\_\_

What is the seating capacity of the vehicles: \_\_\_\_\_

Does applicant intend to adopt his own rates and file a Tariff? (Not applicable for SUV's) ( ) yes ( ) no

Does applicant propose to adopt the rates of another carrier? If so, name of carrier \_\_\_\_\_  
(Not applicable for SUV's)

**Carriers operating Sport Utility Type Vehicles (SUV):**

Is applicant familiar with the Maximum Rate SUV Tariff? ( ) yes ( ) no

If the answer is "no", does applicant agree to obtain copy of the Maximum Rate SUV Tariff and be familiar with same, and operate in accordance therewith? ( ) yes ( ) no

List the municipality where base of operation will be established: \_\_\_\_\_

Describe the territory within which applicant proposes to operate. This may be done in terms of a base point and mileage radius there from (Example: 75 miles of Atlanta, Georgia):  
\_\_\_\_\_  
\_\_\_\_\_

If applying for an Amendment to current authority contained in Certificate, is the above:

( ) **In lieu of current authority.**

( ) **In addition to current authority.**

**SECTION THREE**  
**FINANCIAL STATEMENT**

Applicant represents that he is financially able to furnish the service proposed in this application and attaches hereto copies of his most recent balance sheet and income and expense statement. If applicant has no such financial statements, he submits the following statement showing liabilities and value of property owned:

**ASSETS:**

Real Estate (Value).....	\$ _____
Personal Property (Value).....	\$ _____
Plant & Equipment (Value).....	\$ _____
Cash & Deposits.....	\$ _____
<b>TOTAL</b> .....	<b>\$ _____</b>

**LIABILITIES:**

Capital Stock .....	\$ _____
Equipment .....	\$ _____
Judgements .....	\$ _____
All Other Liabilities .....	\$ _____
<b>TOTAL</b> .....	<b>\$ _____</b>

**NET WORTH** .....\$ \_\_\_\_\_

## **SECTION FOUR**

Is applicant familiar with the rules and regulations of the DMVS governing the operation of Motor vehicles for hire operations, including the DMVS's vehicle and hazardous materials safety rules and regulation? ( ) yes ( ) no.

If the answer is "no", does applicant agree to obtain copy of these rules, familiarize himself with same, and operate to the best of his ability in accordance therewith?  
( ) yes ( ) no

Has applicant, prior to this application, been declared bankrupt in Federal Bankruptcy Court?  
( ) yes ( ) no

Has applicant, prior to this application, paid any fines or been convicted of any offense(s) relating to the operation of his motor vehicles or trucks in Georgia? ( ) yes ( ) no.

If "yes", attach statement to the application describing the incident(s).

**Subscribed and sworn to before me,**

**this \_\_\_\_ day of \_\_\_\_\_,**

**20 \_\_\_\_\_,**

\_\_\_\_\_  
**(Signature of applicant, or person  
authorized to execute this application of  
a corporation, firm or partnership.)**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**(Title)**

**My Commission Expires** \_\_\_\_\_

\_\_\_\_\_  
**(Telephone Number)**



**AFFIDAVIT**  
**in support of**  
**INTERIM**  
**CERTIFICATE**

Name of applicant: \_\_\_\_\_

\_\_\_\_\_  
Name and address of person completing affidavit.

\_\_\_\_\_  
My job, title and responsibilities with the company.

\_\_\_\_\_  
What experience do you have in the type business you are applying for authority to conduct?

\_\_\_\_\_  
What area do you propose to operate in? \_\_\_\_\_  
(Example: Atlanta and a 50-mile radius)(Explain in detail)

\_\_\_\_\_  
Do you have any technical background in this business? \_\_\_\_\_

Insurance Coverage \_\_\_\_\_ (Mileage radius your insurance covers).

I understand this application is for an interim certificate and that my permanent certificate will not be issued for twelve (12) months. The purpose of the twelve (12) month interim period is to demonstrate a public need for the service. I further understand that my permanent certificate will be based on the actual performance and service and agree to abide by all DMVS rules and regulations if this authority is granted.

Subscribed and sworn to before me,

this \_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Signature of applicant, or person  
authorized to execute this affidavit.)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone Number)



**STATEMENT OF SAFETY AWARENESS**  
**&**  
**CERTIFYING IDENTIFICATION OF VEHICLES**

For: \_\_\_\_\_  
Carrier Name

I hereby certify knowledge of applicable federal and state motor carrier safety rules, regulations, standards and orders, and declare that all operations will be conducted in compliance with such requirements.

DEPARTMENT OF MOTOR VEHICLE SAFETY  
Regulatory Compliance Section  
2206 East View Parkway, P.O. Box 80447  
Conyers, Georgia 30014

I certify that all vehicles to be operated under this authority granted by the Department of Motor Vehicle Safety have been painted or stenciled in a permanent manner, except that vehicle(s) being operated under lease of less than thirty (30) days duration are permitted to be identified with removable placards, with the following information on both sides of the cab or body as required by the DMVS's Transportation Rules.

\_\_\_\_\_  
Name of Operation shown in the Certificate and/or Registration Permit

\_\_\_\_\_  
Principal place of domicile for intrastate and exempt carriers

**EXAMPLE**

**COMPANY NAME**  
**CONYERS, GA**  
**678/413-8575**

Signed by: \_\_\_\_\_

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me,

\_\_\_\_\_  
(Telephone Number)

This \_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_